

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mug</i>		<i>3/19/60</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Mug</i>	<i>70303</i>	<i>5-11</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1 ✓	✓
2 ✓	✓
3 ✓	✓
4 ✓	✓
5 ✓	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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